

● PRINTER RUSH ●
(PTO ASSISTANCE)

IFW

Application: <u>10/720321</u>	Examiner: <u>Malandesi, I</u>	GAU: <u>2834</u>
From: <u>AC</u>	Location: <u>IDC</u> FMF FDC	Date: <u>2.8.05</u>
Tracking #: <u>06037557</u>		Week Date: <u>11.08.04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>11.25.03</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency:

A) Original claim 7 (renumbered Claim 5) depends on original claim 4, which is cancelled

B) Original claim 8 (renumbered Claim 6) depends on original claim 5, which is cancelled.

Please Resolve

Claim 21 (original 23) ends without period Thank You

AC

[XRUSH] RESPONSE: _____

Corrected - by - Chm - dated 3-8-05 -

04-13-05 INITIALS: JS

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04